



Fire Department
Office of the Fire Marshal

Commercial Kitchen System Permit Application

This form must be completed and attached to the front of plans

☐ Initial Review ☐ Re-Review ☐ Overtime Review ☐ 3rd Party Review

Company Name: _____

Project Name: _____

Project Address: _____

Contact Person: _____

Company Phone: _____ Fax Number: _____

E-mail Address: _____

System Information:

Hazard Protected: ☐ Commercial Cooking ☐ Other: _____

Is the System: ☐ New ☐ Existing

Scope of Work: ☐ New Installation ☐ Modify Existing ☐ Replacement

Type of System: ☐ Wet ☐ Dry ☐ Other _____

Information to be provided on the plans :

- | | |
|---|--|
| <input type="checkbox"/> CSFD Plan Review Number | <input type="checkbox"/> Equipment Data Sheets |
| <input type="checkbox"/> Project address | <input type="checkbox"/> Device Legend |
| <input type="checkbox"/> Designer Address | <input type="checkbox"/> Narrative Scope of Work |
| <input type="checkbox"/> Plans, Calculations, Cut Sheets signed sealed by RME | |
| <input type="checkbox"/> Project is within the City of Colorado Springs Fire Jurisdiction | |

I attest the above information is provided and accurate; I understand my plans will not be reviewed if any of the items were not provided.

Signature: _____

THIS PLAN IS READY FOR PICK-UP

☐ APPROVED/APPROVED AS CORRECTED

☐ DISAPPROVED/WITHDRAWN

☐ FEES DUE: _____

Reviewer: Withee ☐ Embres ☐ Other ☐ _____

Comments: _____

Please do not call our office regarding plan review comments until after pickup and review by your office.

Plan Review Status/Comments available online at: www.SpringsGov.com

Follow Links "Departments-Fire-Fire Code Enforcement- Plan Review Status-View Plan Review Status"

**** All plans remaining in our office more than 30 days will be discarded as abandoned.**



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